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Report of the Independent Expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte

Addendum

Mission to Mauritius*

Summary

In the present report, the Independent Expert on the enjoyment of all human rights by older persons presents the findings of her visit to Mauritius from 28 April to 8 May 2015. The main objective of the visit was to identify both best practices and gaps in the implementation of existing laws relating to the promotion and protection of the rights of older persons. In this report, she assesses the implementation of existing international instruments and of laws and policies pertaining to the enjoyment of all human rights by older persons in Mauritius. Based on information gathered prior to, during and after the visit, the Independent Expert analyses the challenges faced in the realization of all human rights by older persons, paying particular attention to ostracized persons, groups and peoples. She also examines measures to foster the implementation of standing laws and policies that contribute to the promotion and protection of the rights of older persons.

* The summary of the present report is circulated in all official languages. The report itself, which is annexed to the summary, is circulated in the language of submission only.

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Annex

[*English only*]

Report of the Independent Expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte, on her mission to Mauritius

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I. Introduction

1. Pursuant to Human Rights Council resolution 20/24, the Independent Expert on the enjoyment of all human rights by older persons conducted an official visit to Mauritius from 28 April to 8 May 2015, at the invitation of the Government. The purpose of the visit was to identify best practices and gaps in the implementation of existing laws relating to the promotion and protection of the rights of older persons in the country.

2. During her visit, the Independent Expert had the chance to meet representatives of the Government and non-governmental organizations, as well as other relevant stakeholders. The Independent Expert thanks the Government of Mauritius for extending an invitation to her and for its cooperation throughout the visit. She also expresses her appreciation to the Office of the United Nations Resident Coordinator in Mauritius for its support in the preparation and execution of the visit.

II. Background and context

3. Mauritius has a population of about 1.3 million. Of that total, about 157,000 persons (13 per cent), are 60 years old or older. Some 27,000 (17 per cent) of those older persons have disabilities and 2,100 live in care and other institutions.[1]

4. It is estimated that about 30 per cent of the total population will be above 60 years old by the year 2050. In absolute terms the number is projected to almost triple, to reach about 369,000.[2] The population of Mauritius is thus, at present, experiencing an ageing process that will soon reach the level of developed countries. This change in the age structure of the population will affect all spheres of Mauritian life and calls for policy measures to address a number of issues in sectors like health, housing, family and residential care, social welfare and employment.

5. Figures for the island of Rodrigues are lower than the national average. There are currently around 4,000 older persons in Rodrigues, who represent nearly 10 per cent of the island's population. By 2050, that figure will have more than doubled and increased from 10 to 15 per cent.[3]

6. Mauritius is a multilingual, multicultural and multi-ethnic society. According to the Constitution, the population of Mauritius shall be regarded as having four official communities: a Hindu and a Muslim community (referred to jointly as Indo-Mauritian), a small Sino-Mauritian community and the "general population". The latter consists of those persons who do not appear to belong to any of the other communities and includes the Franco-Mauritians, other European immigrants and the ethnically diverse Creoles. In April 2003 the Committee on the Elimination of Racial Discrimination expressed concern that the latter category combined groups that did not share the same identity and that the constitutional classification established in 1968 might no longer reflect the identities of the various groups in Mauritius.

7. The Constitution does not specify the official language of Mauritius. Article 49 of the Constitution only provides that: "The official language of the Assembly shall be English

[1] See, for example, Mauritius, Ministry of Finance and Economic Development, Statistics Mauritius, *2011 Housing and Population Census — Analysis Report, Volume III: Population Ageing and the Old Persons in Mauritius* (June 2014).

[2] Ibid.

[3] See www.dismoi.org/tribune/journee-internationale-des-personnes-agees-rodrigues/.

but any member may address the chair in French." English is used for administrative purposes and French in business, while Creole is the native language of over 90 per cent of the population. Other languages spoken include Hindi, Telegu, Marathi, Urdu, Mandarin and Arabic.

8. Mauritius is a welfare State and spends about 50 per cent of its budget on social services, including free health and education, which also benefit older persons. Pockets of poverty exist, however, in certain regions, notably the island of Rodrigues, which has a population of roughly 40,000 people, mostly Creole, some 40 per cent of whom live below the poverty level and many of whom do not have access to a water supply and hygienic living conditions.

9. Mauritius is the first country in Africa to have developed a national policy on ageing[4] and very early on initiated a planning exercise with a view to identifying and managing the concerns of older persons and addressing the implications of the demographic changes predicted. On the Global AgeWatch Index 2014, Mauritius was by far the top African country and was ranked thirty-eighth overall.[5]

III. Administrative, legal, institutional and policy framework

10. Mauritius is a parliamentary democracy that gained independence from the United Kingdom of Great Britain and Northern Ireland in 1968 after having been colonized successively by the United Kingdom and France. It comprises several islands, including the island of Rodrigues, which has had a decentralized form of government since 2002.

11. It has a three-tier government system, comprising the central government and municipal councils (urban) and district councils (rural), which are governed by elected counsellors, as well as village councils. There is no constitutional provision for local government except the Rodrigues Regional Assembly. Local government in Mauritius is governed by the Local Government Act 2011, while local administration in Rodrigues is governed by the Rodrigues Regional Assembly Act 2001. Overall responsibility for the administration of Rodrigues falls within the remit of the Office of the Prime Minister.

12. Mauritius has ratified several international treaties that are of relevance to older persons. It is party to the International Covenant on Civil and Political Rights and the Optional Protocol thereto, the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women and the Optional Protocol thereto, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Optional Protocol thereto.

13. The country has also ratified the Convention on the Rights of Persons with Disabilities but made important reservations to core articles, i.e. to article 9, on accessibility, to article 11, on situations of risk and humanitarian emergencies, and to article 24, on education, which the Independent Expert urges the Government to withdraw as they impede the full application of rights under the Convention. The Independent Expert welcomed the intention expressed by the Government during the 2013 universal periodic

[4] Mauritius, Ministry of Social Security, National Solidarity and Senior Citizen Welfare and Reform Institutions, *National Policy on the Elderly: Ageing with Dignity* (April 2001), available from www.ifa-fiv.org/wp-content/uploads/2012/11/060_21-Mauritius-2001-Ageing-With-Dignity-National-Policy-on-th.pdf.

[5] See www.helpage.org/global-agewatch/population-ageing-data/global-rankings-table/.

review of Mauritius to withdraw some of the reservations and regretted that no further steps had been taken in that regard (see A/HRC/25/8, paras. 17 and 18).

14. Mauritius has not ratified the International Convention on the Protection of the Rights of All Migrants Workers and Members of Their Families, the International Convention for the Protection of All Persons from Enforced Disappearance, the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty, the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, the Convention on the Prevention and Punishment of the Crime of Genocide or the Convention relating to the Status of Refugees and its 1967 Protocol (see A/HRC/WG.6/17/MUS/3).

15. The domestication of human rights treaties is one of the priority actions identified in the National Human Rights Action Plan adopted in 2012. It is essential that Mauritius incorporate the human rights treaties to which it is party into its national legislation, so that individuals can directly invoke them before national courts. Several human rights treaty bodies, such as the Committee on Economic, Social and Cultural Rights, the Committee against Torture and the Committee on the Elimination of Racial Discrimination, have expressed concern in that regard and recommended domestication of the respective conventions into national legislation (see E/C.12/MUS/CO/4, CAT/C/MUS/CO/3 and CERD/C/MUS/CO/15-19).

16. Mauritius is a member of the African Union and has ratified the African Charter on Human and Peoples' Rights as well as the African Charter on the Rights and Welfare of the Child, but not the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention). Ratification of the Kampala Convention would further enhance existing policy and institutional mechanisms.

17. The 1968 Constitution of Mauritius is the supreme law. Chapter 2 provides for the protection of the fundamental rights and freedoms of the individual, applying equally to citizens irrespective of age.

18. Mauritius was the first country in Africa to have adopted a national policy on the elderly, in 2001. Following the adoption of the Madrid International Plan of Action on Ageing, 2002, Mauritius revised its national policy in 2008, shifting its focus from the welfare dimension of ageing to a developmental approach and the active ageing concept. Consultations on a new national policy on ageing (2014–2024) were completed in May 2014 and it is hoped that adequate measures will be taken to publicize and implement the new policy. Rodrigues subscribes to the national policy and, in addition, has a number of programmes tailored to the needs of older persons and persons with disabilities.

19. To oversee the effective implementation of the national policy, a committee of officials was established under the aegis of the Ministry of Social Security, National Solidarity and Senior Citizen Welfare and Reform Institutions.

20. In 2012, Mauritius adopted the National Human Rights Action Plan 2012–2020,[6] aimed at strengthening the national human rights framework in order to protect and safeguard civil and political rights, and to secure a greater realization of economic, social and cultural rights. The Action Plan contains a section dedicated to older persons. The protection of older persons and vulnerable populations is also enshrined in the 2015–2019 Government Programme. The Human Rights Monitoring Committee, chaired by the Senior

[6] Available from http://humanrights.govmu.org/English/Documents/HR%20Action%20Plan%202012-2020%20small.pdf.

Chief Executive of the Office of the Prime Minister, has been established to ensure implementation of the recommendations in the Action Plan.

21. In April 2011, the Government issued a Green Paper entitled "Towards a national policy for a sustainable Mauritius", one of the core themes of which was poverty, social cohesion, gender, the elderly and disabled, seeking to increase the involvement of older persons towards achieving sustainable development in Mauritius.[7]

22. The responsibility for older persons cuts across several ministries in Mauritius. The Ministry of Social Security, National Solidarity and Reform Institutions is the main government ministry in charge of the social welfare matters of older persons in Mauritius. It provides a diverse range of social services and assistance to older persons, such as the non-contributory pension, social aid and assistance and the income support scheme. It is also entrusted to empower and integrate older persons and to enhance their quality of life.

23. The Ministry of Social Security, National Solidarity and Reform Institutions is in charge of the Elder Care Department, which is mainly responsible for medical, paramedical and medicosocial services, and health education. The Independent Expert was pleased to learn that the Minister announced the setting up of a new elderly welfare department at the Ministry and an Ombudsperson for the elderly.

24. In July 2003, the Family Welfare and Protection Unit was established within the Ministry of Gender Equality, Child Development and Family Welfare to implement policies and strategies to promote family welfare and to adopt relevant strategies and implement measures to address the problem of gender-based violence. The Unit also operates the Inter-Generation Relationship Programme, which aims at consolidating ties within the family and promotes family values among the three generations, i.e. the young, parents and grandparents.

25. The National Human Rights Commission was established in April 2001 to deal with complaints for breaches of human rights listed in the Constitution and complaints against the police. It has quasi-jurisdictional powers as it can carry out investigations, summon witnesses, call for documents and hold hearings pertaining to alleged breaches of human rights. Its mandate is, however, limited in scope as it does not deal with complaints relating to economic, social and cultural rights, such as the right to work, the right to an adequate standard of living, the right to health services or the right to social security, which are of particular relevance for the well-being of older persons.

26. Complaints concerning the enjoyment of economic, social and cultural rights fall within the jurisdiction of the Ombudsman. The creation of the Ombudsman institution dates back to 1968, the year in which Mauritius became independent and adopted a new Constitution. The role of the Ombudsman is to investigate complaints against government institutions and seek redress to injustice if any, sustained in consequence of any alleged maladministration that may have been committed by any public officer or authority in the exercise of administrative functions.

27. The Senior Citizens Council, established in 1985, seeks to improve the well-being of older persons and to promote activities and projects for their welfare with regard to their rights to dignity and independence. Its members are voluntary organizations catering for senior citizens which are registered with the Registrar of Associations.

28. In 2013, the Observatory on Ageing was established under the aegis of the Ministry of Social Security, National Solidarity and Reform Institutions to conduct surveys and research on the socioeconomic aspects of ageing and to collect relevant data about older

[7] Available from www.uom.ac.mu/sites/mid/files/resources/20042011_1.pdf.

persons to facilitate policy formulation and decision-making processes in the sector as well as advocacy of the needs and rights of older persons. Since its establishment, the Observatory has carried out four studies, namely on housing and living conditions, on health problems, on leisure and recreational needs, and on elderly abuse.

IV. Independent Expert's main findings

A. Discrimination

29. Article 16 of the Constitution of Mauritius provides that no law shall make any provision that is discriminatory either of itself or in its effects. While it does not refer to discrimination on the ground of age or older age, specific enactments, such as the Equal Opportunities Act of 2012, explicitly prohibit discrimination based on age in various spheres of activity, namely employment, education, the provision of goods, services or facilities, accommodation, access to premises and sports, disposal of immovable property, and societies, registered associations and clubs. Among other protected grounds of discrimination under the law include are caste, ethnic origin and impairment, including physical and mental disabilities.

30. The Equal Opportunities Act established the Equal Opportunities Commission and the Equal Opportunities Tribunal, which consider complaints of infringement of rights protected under the Act. In 2012, a branch of the Commission was set up on the island of Rodrigues.

31. The mandate of the Equal Opportunities Commission is to attempt conciliation only. Cases in which conciliation cannot be reached may be referred to the Equal Opportunities Tribunal. In 2014, the Commission referred two cases to the Tribunal.[8]

32. The Equal Opportunities Commission was set up in 2012 and is an independent and autonomous institution. Reasons for its creation included concerns about certain gaps and insufficiencies in anti-discriminatory provisions in the Constitution, especially concerning discrimination cases in the private sphere or indirect cases of discrimination. There was also a need to broaden the scope of implementation of anti-discrimination laws.

33. The Independent Expert pointed out that the situation of older persons could not be seen in isolation, but that it was reflective of existing patterns of discrimination, marginalization and social exclusion that needed to be addressed. Certain communities and ethnic groups, such as the Creoles for instance, remained significantly disadvantaged in the enjoyment of economic, social and cultural rights, in spite of the implementation of a range of measures benefiting the most disadvantaged segments of the population. Without a change in attitudes, the pattern of violations risks being perpetuated and sometimes exacerbated in old age. There were also concerns relating to discrimination between Mauritians and Rodriguans.[9]

34. Creole is the common language spoken by all groups in Mauritius, notably the older generation, but it does not have any official status and cannot be used in the administration. Language can in particular be a vehicle for social exclusion and impede older persons from accessing and enjoying their rights. It is essential, therefore, to ensure that proper status is given to the languages spoken by older persons so that language becomes the thirteenth protected ground under the Equal Opportunities Act. It is also essential to eliminate

[8] See Equal Opportunities Commission, *Report 2014*.
[9] Ibid.

language barriers to equality and to the enjoyment of civil and political rights as well as economic, social and cultural rights.

35. Other concerns that were also raised by the Committee on the Elimination of Racial Discrimination in 2013 are the persistence of hierarchical structures in society, particularly relating to the caste system, which are a source of exclusion. Although law does not recognize the caste system, it is deeply rooted in Mauritian tradition.

B. Violence and abuse

36. Violence and abuse against older persons was a taboo subject until the promulgation of the Protection of Elderly Persons Act 2005 in September 2006. The adoption of the Act also sparked data collection on elder abuse, but there is still no comprehensive study on the prevalence of violence against older persons in the various settings, i.e. in the domestic and the institutional context. The number of reported cases of violence against older persons in the domestic sphere per year ranges between 700 and 800. Older women are more often victims of violence and abuse and emotional abuse is the most common form.[10]

37. Besides the adoption of the Protection of Elderly Persons Act 2005, the Government has taken a number of legislative measures and has established an institutional framework in recent years, but those remain limited in scope and do not adequately address the issue of violence and abuse against older persons in Mauritius, which continues to remain a matter of serious concern. Neither the National Policy on Ageing 2008 nor the Residential Care Homes Act 2003 address the issue, respectively in the community or in residential care homes.

38. Older persons are protected from domestic violence under the Protection from Domestic Violence Act, which was fully proclaimed in 1998. The Residential Care Homes Act 2003 is designed to protect elderly abuse in private residential care homes.

39. The Protection of Elderly Persons Act 2005, which became effective on 1 September 2006, was enacted to ensure that adequate protection is provided to older persons against abuse, be it physical or verbal ill-treatment, mental or emotional harassment, financial loss or material prejudice. The Act makes an offence of any act of abuse on an older person or willfully failing to provide an older person under care with adequate food, medical attention, shelter or clothing. The Court may grant a protection order if there is reason to believe that an older person has suffered, is suffering or is likely to suffer an act of abuse. The protection order seeks to restrain the person committing the act of abuse from engaging into any such conduct towards the older person.

40. The Protection of Elderly Persons Act 2005 also provides for an institutional framework, including the Protection of the Elderly Network, which seeks to ensure, promote and sustain the physical, psychological, emotional, social and economic protection and well-being of older persons. The Elderly Person's Protection Unit has moreover been established to deal with reported cases of abuse of older persons. The Unit can apply to the Court for a protection order where it deems it necessary in circumstances where there is a real danger or threat to the life of an older person. It also arranges for the admission of an older person to a residential care home, where required. The Unit further organizes public awareness-raising campaigns on the rights of older persons.

41. The Elderly Person's Protection Unit is supplemented by Elderly Watch, which was created in different parts of Mauritius to promote the welfare of older persons in the

[10] See http://ijac.org.uk/images/frontImages/gallery/Vol_3_No_4/13.pdf.

respective regions and provide support to families in need of assistance and protection for older persons. One of its objectives is to prevent ... ts of abuse of older persons and to report cases of repeated abuse to an officer of the Unit. The Monitoring Committee for the Elderly supervises the operations of both the Unit and every Elderly Watch. It provides directions of a general character as well as adequate resources and facilities for their operation.

42. Complaints of elder abuse are reported to the Elderly Person's Protection Unit by either the various stakeholders' agencies or through one of the two hotlines. However, these cases only refer to elderly abuse in the domestic sphere. The provisions included in the Protection for Elderly Persons Act 2005 are quite restrictive and do not capture the full scale of the occurrence and detection of elderly abuse. The reliance on Elderly Watch networks and the work of officers posted at the Unit do not capture the full range of situations where the elderly can be abused, notably because no provision is made for the reporting of elderly abuse in institutional settings.

43. Older persons who own property are particularly prone to abuse by members of their family and relatives. Since November 2012, the Ministry of Social Security, National Solidarity and Reform Institutions has been operating a legal counselling programme on property rights for older persons.

44. The Independent Expert is particularly concerned about a number of reported criminal cases in which older persons have been victims of abuse, murder, theft and sexual violence and rape. She also pointed out that collective prejudice against older people and public awareness influence the way in which abuse and violence are perceived, recognized and reported.

C. Adequate standard of living, autonomy and participation

45. Mauritius has the lowest old age poverty rate in the region. While overall only an estimated 8.7 per cent of Mauritians live in poverty, there are pockets of poverty in some areas.[11] About 40 per cent of the population of Rodrigues, for instance, live below the poverty level. This includes older persons, who in addition regularly take charge of their grandchildren, as the children are usually seeking employment in Mauritius as a result of the very high unemployment rates (see A/HRC/19/63/Add.1). The high level of poverty among Mauritian Creoles has also led the Committee on Economic, Social and Cultural Rights to express its concerns, mentioning that poverty largely prevents the enjoyment of human rights of those affected.

46. Social transfers are crucial in Mauritius as they reduce the poverty rate significantly by between 20 and 40 per cent.[12] The most recent poverty analysis for 2006/07 undertaken by the Central Statistics Office indicates that the poverty rate of households with older persons would otherwise be 28.2 per cent.[13]

47. Housing is a critical element in the lives of older persons. The provision of adequate, affordable and barrier-free housing significantly affects the autonomy of older persons.

48. Social housing programmes in Mauritius date back to 1955. The National Housing Programme seeks to provide housing for the low, lower middle and middle-income groups through the construction and sale of housing units on State land. Allocation criteria are

[11] See www.ifad.org/operations/projects/regions/pf/factsheets/mauritius.pdf.

[12] See www.iese.ac.mz/lib/publication/III_Conf2012/IESE_IIIConf_Paper31.pdf.

[13] See http://statsmauritius.govmu.org/English/StatsbySubj/Documents/Poverty/Poverty%20Analysis%20report%20200607.pdf.

based on monthly income, while age or old age is not taken into consideration in decision-making.

49. The Independent Expert was informed that many neighbourhoods in Mauritius are de facto ethnically segregated, with low-status Creoles, including many from Rodrigues, living in the poorest housing, particularly in informal urban dwellings, which are spaces of vulnerability and exclusion. There is a need to ensure that social housing programmes do not reinforce such residential de facto segregation of poor and marginalized populations.

50. Rodrigues has a specific housing programme that supports the adaptation of housing for persons with reduced mobility, notably older persons and persons with disabilities.

51. Accessibility is an issue of concern in all areas of Mauritius, notably public services, transportation, communication and information. While older persons in Mauritius are entitled to travel freely on public transport, public buses are not accessible, which has a significant impact on the mobility of older persons. Moreover, in some poverty-stricken areas for instance, there were no facilities for public transport at all.[14]

52. Generally, there is a need for appropriate infrastructure for older persons in terms of accessible, affordable and barrier-free housing, user-friendly public transport and easy and safe access to public and private buildings.

53. Under the Civil Code of Mauritius, a legal guardian may be appointed for an older person who is unable to care for his or her own interests when suffering from a mental disability. In this regard the Independent Expert wishes to stress that substituted decision-making should be replaced by supported decision-making in the exercise of legal capacity, which is essential for the respect of the autonomy of older persons and individuals' right, in their own capacity, to give and withdraw informed consent for medical treatment, to access justice, to vote, to marry, to work and to choose their place of residence.

54. Climate change is exacerbating the inherent environmental vulnerabilities of small island developing States like Mauritius. While it is not expected to create massive internal displacement in Mauritius, it could result in significant internal migration/relocation linked to the impact of climatic change on some economic sectors. In some places, moreover, populations will also need to be relocated for their own safety.

55. Experience shows that the effects of climate change have a disproportionate effect on older persons, owing to their reduced mobility, dependence and physical, emotional or mental condition. These factors are often aggravated by poverty and location, such as remote rural areas or coastal areas. Older persons tend to be excluded, isolated and left behind in natural disasters and emergencies.

56. The impact of climate change is already a reality in Mauritius and needs to be addressed and mitigated. If the effects cannot be mitigated, alternative livelihood or resettlement options need to be provided to populations that are affected, over time and gradually. Resettlement has started in some areas and experience shows that these processes were disparate and the same standards were not applied. It also demonstrated the need to

[14] Mauritius, Ministry of Social Security, National Solidarity and Reform Institutions, Observatory on Ageing, *Report on an exploratory study on the housing and living conditions of elderly persons from identified poverty-stricken areas* (March 2014), available from http://socialsecurity.govmu.org/English/Documents/Housing.pdf.

systematically inform the population, including older persons, about available resettlement options and to ensure that they are consulted throughout the process.[15]

D. Social protection and the right to social security

57. The Mauritian pension system includes several schemes that can be grouped into three categories: the Basic Retirement Pension, occupational compulsory pensions and voluntary pensions.

58. The Basic Retirement Pension is a non-contributory universal pension operating since 1976 and payable to all people of 60 years and older. In 2014, the average benefit was 5,416 rupias per month, i.e. around 140 euros.[16] The central Government finances expenditures through a grant to the National Pension Fund, which administers the programme.

59. With the Voluntary Retirement Scheme employees in the sugar industry can, moreover, opt for voluntary retirement. The benefits guaranteed to such employees are 300 m^2 of land and a cash compensation of two months' salary per year of service for male agricultural workers who are 55 years and above and female agricultural workers who are 50 years and above.

60. Pension expenditure in Mauritius continues to rise, reflecting rising dependency ratios resulting from an ageing society. Important steps were taken in 2013 to reform the pension system for civil servants by introducing a newly defined contribution system and increasing the retirement age for both women and men from 60 to 65 years. Key elements, such as the institutional set-up, distribution rules and an investment strategy are yet to be finalized and the new system will, however, only generate savings in around 30 to 35 years.[17] No reforms have yet been applied to the Basic Retirement Pension, where the eligibility age remains at 60 years.[18]

61. Older persons and persons with disabilities in need of constant care and attendance receive a care-giving allowance, in addition to other forms of social assistance, such as income support. The Basic Invalid Pension, which is allocated to persons with disabilities, is discontinued, however, after the age of 60. Older persons with disabilities thus only receive the old-age pension afforded to older persons in general. Considering that with age, requirements for all persons tend to increase, including disability-specific needs, the policy of revoking the Basic Invalid Pension, when the person with a disability becomes old, should be reconsidered.

62. According to regulation 3 of the Social Aid Regulations 1984, non-nationals are not entitled to social aid that is paid to poor households who do not have sufficient resources to meet their basic needs.

63. The Independent Expert indicates that the pension system has an important gender dimension, since it is younger women in households who are expected to care for the

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[15] International Organization for Migration, *The Other Migrants Preparing for Change—Environmental Changes and Migration in the Republic of Mauritius: An Assessment Report* (2011), available from http://publications.iom.int/bookstore/free/the_other_migrants.pdf.

[16] The median wage in 2012 was around 300 euros per month.

[17] International Monetary Fund, *Country Report No. 14/107: Mauritius* (May 2014), available from www.imf.org/external/pubs/ft/scr/2014/cr14107.pdf.

[18] International Monetary Fund, *IMF Working Paper — Pension Reforms in Mauritius: Fair and Fast — Balancing Social Protection and Fiscal Sustainability* (June 2015).

elderly and reach retirement age without having been active in the formal workforce, forcing them into poverty in later years.

64. While financial autonomy is key to ageing with dignity, according to a recent report by the Observatory of Ageing, 47 per cent of older persons care for other family members. About one fifth of them contribute towards the expenses of the family by using their pension money.[19] As older persons are an important income source through the universal pension, safeguards need to be put in place against their financial exploitation and other forms of abuse or maltreatment.

E. Education, training and lifelong learning

65. A number of continuous learning and training programmes, including on adult literacy and numeracy and on basic information and communications technology, are in place in Mauritius for older persons, to allow them to fully participate in social and community life.

66. A number of day-care centres — to be renamed activity facility centres — offer recreational and educational programmes for older persons throughout the country. The centres also provide computer and Internet facilities. Similarly, the Senior Citizens Council organizes a number of seminars and workshops around ageing issues, health care, nutrition and the protection of older persons as well as recreational and educational programmes. There are, moreover, several residential recreational centres in Mauritius.

67. In January 2014, Mauritius launched the first University of the Third Age, which offers a broad range of educational, sports and cultural activities. While it is important to take into account the specific needs of older persons in designing educational programmes, it is equally important to maintain a range of offers that do not exclusively target older persons, as this would be limitative and could lead to creating social spaces of exclusion. Educational offers which are open to younger adults as well as to older persons, foster intergenerational learning and intergenerational understanding.

F. Care

68. Health-care services are provided free of charge to the population in Mauritius. There are five health regions, each with a referral hospital and a network of health centres, which provide primary health-care services. There are also two district hospitals and four specialized hospitals.

69. The island of Rodrigues has a main hospital with some specialist services, capacities for intensive care are, however, limited (three beds) and more complex surgical cases need to be referred to the island of Mauritius. There are also two area health centres and 14 community health centres in Rodrigues. While access to primary health care in Rodrigues is in line with the standards set by the World Health Organization, i.e. within less than one hour's walk,[20] this may increase the dependence of older persons on assistance from family members and others.

[19] Mauritius, Ministry of Social Security, National Solidarity and Reform Institutions, Observatory of Ageing, *Summary Report of Thematic Areas Investigated* (April 2014), available from http://socialsecurity.govmu.org/English/Documents/Extended%20executive%20summary.pdf.

[20] See www.who.int/healthinfo/systems/WHO_MBHSS_2010_section4_web.pdf.

70. Besides the public health sector, private health care is also being developed in Mauritius. There are several private clinics with in-patient services that provide specialized treatment, such as renal dialysis and cardiac surgery. The number of beds available in the private sector represents over 15 per cent of the total number in Mauritius.

71. Care for older persons in Mauritius is still very much seen as the responsibility of families although this is becoming increasingly difficult as the society is undergoing radical changes. The Government also acknowledges that family carers require support and allocates a monthly allowance to persons providing care to an older person whose level of incapacity is at 60 per cent or more.

72. While medical home visits are available for the very old (90 years and older) and for those aged 75 and more who are bedridden, there is an urgent need for respite care to support families who provide care to older persons, particularly to those suffering from chronic illnesses. The Independent Expert was informed during her visit of the plans to establish a neighbourhood service that would provide older persons in need and those with severe disabilities with special support by trained carers, doctors, psychologists, physiotherapists and occupational therapists, and with social care.

73. Institutional care in Mauritius relies to a large extent on partnerships between the Government and non-governmental organizations, and on voluntary services, especially the collaboration of older persons themselves. As the number of public homes for older persons is grossly insufficient, private retirement homes meant for those who can afford them have gradually increased in recent years.

74. Older persons in need of social support are taken care of in one of 22 charitable institutions. These institutions receive weekly medical visits. Nursing and paramedical staff are also provided.

75. In addition, there is a centre for persons with severe disabilities including older persons (Foyer Trochetia). It is managed jointly by the Ministry of Social Security, National Solidarity and Reform Institutions and a non-governmental organization, and currently provides 24-hour nursing and care services, including physiotherapy, occupational therapy and rehabilitation for 32 older persons with severe disabilities. Once the older person is no longer bedridden and dependent, he or she is transferred to one of the charitable institutions. There is also a village for the elderly, Résidence Bois Savon, with 24 living units for older widows, who used to live alone and who receive a monthly rental allowance.

76. There are 25 health clubs for the elderly in different regions of the country. They are in general located in day-care centres and in some social welfare centres. A nursing officer provides services such as blood pressure checks or blood sugar testing on a weekly basis.

77. The Residential Care Homes Act 2003 was enacted to monitor the management of private homes for older persons and standardize the norms governing them. The purpose of the Act is to apply general supervision and control over residential care homes, to supervise compliance with licences, to set up codes of practice for residential care homes and to monitor conformity with the codes. Licensing of residential care homes is regulated in more detail by the Residential Care Homes Regulations 2005. A total of 27 private care homes have registered under the Act.

78. The Residential Care Homes Act 2003 also stipulates that there should be at least two inspections per year (one announced and one unannounced) to ensure that the residents in the homes receive appropriate care. Regular visits to charitable institutions are, moreover, conducted by officers of the Ministry of Social Security, National Solidarity and Reform Institutions to ensure that the residents receive adequate care.

79. Nevertheless, quality of care remains an area of concern in all settings. It is reported that some of the homes are overcrowded and lack appropriate facilities and that food is inadequate and not adapted to the individual needs of older persons. A large number of private care homes seem, moreover, to operate illegally, i.e. without registration, and thus elude any monitoring or quality control that is stipulated.

80. Informal carers are often not adequately trained and not well prepared for the tasks of a caregiver. Efforts have been made to provide practical training to informal carers, taking into account the specific needs of dependent older persons, but this remains limited to a 15-hour course. In 2013, 450 informal carers were trained and training was also provided to 200 formal carers. Since these are low-paid jobs, they do not, however, attract or retain carers who have had training.

81. While many older persons in institutional care suffer from dementia, including Alzheimer's disease in Mauritius, these diseases are still unknown to many health and other professionals and also to the public at large. According to a recent study carried out by the Observatory of Ageing, around 12 per cent of the persons in subsidized homes for older persons suffer from dementia. The actual figures are estimated to be much higher since the disease is often not diagnosed in its early stages.[21] These numbers are forecast to double by 2030, given the intensity of ageing in Mauritian society. Although no treatment is currently available for dementia, there is much that can be done to improve the lives of people with dementia and their caregivers and families.

82. One specialized association[22] operates a day-care centre that provides services to persons with dementia and their families, including cognitive stimulation, music therapy and reminiscence. The Independent Expert was informed during her visit that there was a proposal to provide day-care facilities and support for persons with dementia throughout Mauritius, in collaboration with the Alzheimer Association of Mauritius and the existing day-care centres. The Independent Expert welcomes this proposal as there is indeed a need to provide specific activities for older persons suffering from dementia with a view to slowing down the progression of the disease and improving their quality of life.

83. Older persons have different patterns of disease presentation than younger adults. They respond to treatment and therapies in different ways and frequently have complex social needs relating to their chronic medical conditions. While there are some specialized geriatric sessions provided by health points, it is important to ensure that sufficient numbers of qualified geriatrics health professionals are available to ensure that older persons can fully enjoy their right to health.

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[21] Mauritius, Ministry of Social Security, National Solidarity and Reform Institutions, Observatory on Ageing, *Thematic Area Health: Management of Dementia and Alzheimer's Disease in Subsidized Care Homes* (January 2014), available from http://socialsecurity.govmu.org/English/Documents/Health.pdf.

[22] The Alzheimer Association of Mauritius is a non-governmental organization that looks after people with dementia and Alzheimer's disease. Its main objectives are informing and educating the public, raising awareness, providing support to patients and their families, running a day-care centre, training health professionals and participating in research work.

V. Conclusions and recommendations

A. Overall remarks

84. The Independent Expert acknowledges and commends the tremendous efforts undertaken by the Government of Mauritius in ensuring that older persons fully enjoy their human rights. She recognizes the normative action by the Government and refers to the rather remarkable legal, institutional and policy framework to safeguard the rights of older persons.

85. The allocation of about 50 per cent of its budget to social services, including free health services and education that also benefit older persons, is a considerable investment — not only of a financial nature — for a developing country in its people and society. In addition, the country's non-contributory universal pension for all persons of 60 years and older, which has been operating since 1976, has to be highlighted, as financial autonomy is key to ageing with dignity.

86. In spite of the efforts that have been made, the Independent Expert indicates that the Government is facing important challenges when it comes to implementing and enforcing its obligations and commitments that are geared towards having a sustained impact on the lives of older persons.

87. Awareness of the challenges ahead in the realization of all human rights by older persons and removal of general attitudinal barriers are prerequisites to facilitate solutions that would foster implementation. Weak inter-institutional coordination, a lack of policy coherence and ineffective multisectoral approaches do not contribute to increasing and improving implementation of laws and policies. The community approach that underpins policymaking rather than a differentiated approach, placing the individual at the centre of attention, is another element that contributes to impeding implementation and the adoption of a human rights-based approach to older persons. The Independent Expert highlights in this regard the Government's clear commitment to addressing the challenges faced, which also requires a shift from a fragmented approach towards a comprehensive, human rights-based, national strategy for the realization of all human rights by older persons. She further stresses that the rights of older persons should be mainstreamed into the policies of all ministries and all stakeholders at all levels of government.

88. The 2001 National Policy on the Elderly was an important step to comprehensively address the welfare dimension of the ageing phenomenon. The Independent Expert indicates that consultations on the National Policy on Ageing (2014–2024) were completed in March 2014 and she calls upon the Government to deploy all the efforts necessary to implement the new policy.

89. The Independent Expert welcomes the National Human Rights Action Plan 2012–2020 and commends the Government for having paid special attention to older persons. She encourages the Government to take further measures, beyond those identified in the Plan, to ensure the full enjoyment of all human rights by older persons. The plans to establish a new elderly welfare department at the Ministry of Social Security, National Solidarity and Reform Institutions and an Ombudsperson for the elderly have also been noted.

90. The Independent Expert urges Mauritius to withdraw the important reservations it has made to core articles of the Convention on the Rights of Persons with Disabilities, i.e. on article 9, on accessibility, article 11, on situations of risk and

humanitarian emergencies, and article 24, on education, as they are not permissible and impede the full application of the rights under the Convention.

91. The Independent Expert encourages Mauritius to ratify all human rights treaties to which it is not yet party, notably the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, as well as all International Labour Organization conventions, in particular the Nursing Personnel Convention, 1977 (No. 149).

92. The Independent Expert reiterates the concerns expressed by the Committee on Economic, Social and Cultural Rights, the Committee against Torture and the Committee on the Elimination of Racial Discrimination in relation to the domestication of the respective conventions into national legislation, and stresses that the domestication of human rights treaties to which Mauritius is party should be pursued as a matter of priority so that individuals can invoke them before national courts.

93. On the basis of these conclusions and the observations in the present report, the Independent Expert makes the recommendations set out below.

B. Recommendations to the Government

1. Awareness-raising and training

94. The Independent Expert reiterates the importance of raising awareness and changing people's attitudes and beliefs towards older persons at all levels of society, in accordance with the Government's acknowledgement of the role played by older persons in nation-building and the emphasis on intergenerational dialogue, which are good examples in the context of the challenges faced by multilingual, multicultural and multi-ethnic societies. International human rights law, such as the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities and other relevant instruments; principles and standards, such as the United Nations Principles for Older Persons and general comment No. 6 (1995) of the Committee on Economic, Social, and Cultural Rights, should be popularized and made publicly available. Relevant domestic legislation has also to be popularized, such as the Protection of Elderly Persons Act 2005 and the Legal Aid (Amendment) Act 2012 in conjunction with a nationwide awareness-raising campaign to educate older persons, in particular those who are marginalized, about their rights and the remedies available to enable them to pursue legal action and exercise these rights.

95. It is essential to devise an awareness-raising strategy regarding the issue of abuse of and violence against older persons. Awareness-raising campaigns need not only target older persons themselves, but also the social environment of older persons, such as family, friends and caregivers, as well as employees in homes and institutions, doctors, nurses, carers and the broader community. Awareness-raising efforts should be complemented by mandatory, specialized training seminars for judges, lawyers and other members of the judiciary as well as for representatives of local authorities, the police, the media and non-governmental organizations, including in the handling of cases of violence against older persons in various settings.

2. Study and statistics

96. The Independent Expert welcomes the recent establishment of the Observatory on Ageing in order to analyse the current situation of older persons, identify trends and challenges and to ensure a better understanding of the implications of an ageing population as an essential foundation for policy development.

97. She encourages the Government to ensure nationwide, systematic and regular collection of disaggregated data on impediments to the enjoyment of all human rights by older persons, for example, on all forms of discrimination on the basis of age as a sole or accumulated criterion, on exclusion as well as on all forms of abuse and maltreatment. A thorough evidence-based study on the current and future needs of, inter alia, various forms of care or affordable, accessible and barrier-free housing is a precondition to meet immediate needs, to plan and prepare for the future and develop appropriate measures to ensure an inclusive society for all ages. She also stresses the need to ensure that the voices of older persons, including the very old and those living in homes, are systematically included in surveys, for a better understanding of their needs and to reflect the enormous heterogeneity of older persons.

98. Studies, surveys and statistics should focus on groups of older persons who are marginalized on multiple grounds such as gender, disability/impairment, or for any other reason created by history, tradition or custom. A cross-national data collection system should be established to allow for a more systematic evaluation of measures and interventions and their effectiveness. The data should be used to take the measures necessary, and to build up the capacity to fully realize the rights of older persons. Given that the data have to be used sensibly to avoid stigmatization and potential misuse, particular care should be exercised when collecting and analysing data in order to respect and enforce data protection and privacy.

3. Discrimination

99. The Independent Expert emphasizes the need for an anti-discrimination strategy addressing discrimination in a coherent and multifaceted way. She recommends that the Government continue to address the general patterns of discrimination that are prevalent in the country, perpetuated in old age and particularly affect certain communities and ethnic groups, such as the Creoles who continue to experience disadvantages in the enjoyment of economic, social and cultural rights. She also emphasizes the importance of giving proper status to the languages spoken by older persons so that language becomes the thirteenth protected ground under the Equal Opportunities Act. Furthermore, this is essential to eliminate language barriers to equality and to the enjoyment of all sets of rights.

100. While the caste system is not recognized by law, hierarchical structures along caste and racial lines still persist. The Independent Expert stresses the importance of raising awareness of equality and changing people's attitudes and beliefs to eliminate negative prejudices regarding certain groups. The Independent Expert encourages the Government to take affirmative action in favour of all marginalized groups including on the basis of age to redress the existing imbalances.

4. Violence and abuse

101. The Independent Expert recognizes that the Government has taken a number of legislative measures and established an institutional framework in recent years, but indicates that these remain limited in scope and do not adequately address the issue of violence and abuse against older persons in Mauritius which continues to remain a matter of serious concern. There is a need to legislate or amend existing legislation to

protect older persons from abuse and to adopt policies to prevent violence and abuse. She welcomes in this regard the announcement made by the President of Mauritius that new legislation will be brought forward to provide more protection and security, notably to older persons, and to substantially increase the penalties for offenders.[23]

102. The Protection of Elderly Persons Act 2005 was a crucial step towards providing adequate protection to older persons against ill-treatment and abuse, be it physical, verbal or emotional harassment, or financial prejudice, as well as to breaking the taboo of elder abuse in the country. The provisions included in the Act, however, do not capture the full range of occurrences of violence against older persons and therefore do not allow proper detection of such violations.

103. Training of judges, lawyers and prosecutors is essential to ensure that investigation of cases of domestic violence proceeds to signal to the community that violence and abuse against older persons are serious crimes and will be treated as such.

104. The continued prevalence of elder abuse indicates that normative action is not enough and that further measures and mechanisms are required to detect, report and prevent all forms of abuse of older persons in institutional care and in family settings. Protocols and processes are needed to assist individuals, families, carers in institutional settings and community groups to understand the issues surrounding elder abuse, to recognize individuals who are at risk and to respond when appropriate. Caregivers in domestic and institutional settings need to be further sensitized and trained on how to prevent and detect elder abuse.

105. Women are more prone to become victims and therefore a gender perspective should be incorporated in the sensitization and detection of elderly abuse.

106. As older persons are an important income source through the universal pension, safeguards need to be put in place against their financial exploitation and other forms of abuse or maltreatment.

107. The reliance on Elderly Watch networks and the work of officers within the Welfare and Elderly Protection Unit do not capture the full range of situations in which older persons can be abused. For example, no provision is made for the reporting of elderly abuse in institutional settings. The Independent Expert therefore recommends that the legislation be amended to cater for elder abuse in both domestic and institutional settings, and calls upon the Government to make the zero tolerance policy against crime and violence a reality for older persons.

108. The Independent Expert wishes to underline that older persons are not a homogeneous group and should not be treated as such. A differentiated and targeted approach needs to be devised to address the needs of the different categories of older persons.

109. In view of a general tendency for underreporting cases of violence and abuse involving older persons, the Independent Expert points out that dissemination of information to older persons about their rights could help to further improve disclosure about abusive experiences.

[23] Address by the President of Mauritius, *Government Programme 2015–2019: Achieving Meaningful Change* (27 January 2015).

5. Adequate standard of living, autonomy and participation

110. The Independent Expert recognizes the comparatively low poverty rate in Mauritius. She indicates, however, that pockets of poverty do exist in some areas and that further measures need to be taken to reduce poverty among older persons, including older women. She encourages the Government to pay particular attention to the situation of older persons on the island of Rodrigues and in particular to take effective measures to combat poverty in old age, to ensure that older persons have access to affordable barrier-free housing and appropriate health-care services and care to ensure the full enjoyment of their human rights.

111. The Independent Expert points out that there is a need for affordable, accessible and barrier-free housing for older persons in order to reduce their levels of dependency and provide alternative housing options. She welcomes the Government's plans to increase the housing supply and homeownership for the economically disadvantaged, including through the construction of 10,000 social housing units. She encourages the Government to ensure that these units take into account the needs of older persons, particularly in terms of accessibility. She also calls on the Government to include old age among the allocation criteria for social housing and to ensure that social housing programmes do not reinforce de facto residential racial segregation.

112. While recognizing that the Building Control Act 2012 addresses issues of physical accessibility to buildings, the Independent Expert calls on the Government to implement the relevant legislation in its entirety, taking into account up-to-date technical standards and specifications and to ensure that non-compliance is appropriately sanctioned. There is furthermore a need to adapt existing public buildings to the needs of older persons and to eliminate existing barriers. Further steps are needed to improve roads and pavements in this regard and to make public transport accessible.

113. Engineers' and architects' awareness of the implications of their profession on the enjoyment of all human rights by older persons is essential. The Independent Expert recommends fostering the application of a human rights-based approach to secure the involvement of architects and engineers in the design of public and private buildings, in conformity with human rights.

114. The Independent Expert indicates that the impact of climate change and the implementation of adaptation and mitigation policies are challenges that the Government needs to continue addressing. There is a need for an in-depth analysis and mapping of persons in vulnerable situations, especially older persons. During emergency situations, humanitarian response, service, support and information must be adapted to the specific needs and conditions of older persons. Planned relocation requires national legal frameworks to protect the rights of older persons who are affected, and should be accompanied by well-designed institutional arrangements that set forth the respective roles and responsibilities of central and local government drawing upon existing standards, guidelines and best practices, such as the Inter-Agency Standing Committee Operational Guidelines on the Protection of Persons in Situations of Natural Disasters, the Peninsula Principles for Climate Displacement within States as well as the Guiding Principles on Internal Displacement (see E/CN.4/1998/53/Add.2). It is essential to foster the resilience of older persons, reduce their vulnerability and ensure that older persons are fully informed, for example by making flood maps publicly available, and that they participate actively in the formulation and implementation of policies and decisions that directly affect them. Their experience, knowledge and skills should be part of all phases of the disaster risk reduction strategy, from mapping exercises to implementing solutions at the local

level. This would empower local communities to develop practical and realistic approaches to the environmental challenges faced.

6. Social protection and the right to social security

115. The Independent Expert indicates that the pension and social protection systems are fundamental to the well-being of older persons. She expresses concern, however, regarding the long-term sustainability of these systems and encourages the Government to take further measures to reduce the fiscal cost of them, such as decreasing incentives for early retirement and reducing job categories eligible for early retirement. She also refers to the recommendation made by the International Monetary Fund to convert the universal basic retirement programme into a true poverty pension to improve social protection and generate fiscal savings.

7. Education, training and lifelong learning

116. In view of the intensity of ageing, further measures are required to promote active ageing and lifelong learning.

117. The Independent Expert stresses that promotion of lifelong learning is essential for older persons to be able to deal with constantly changing circumstances, requirements and challenges, for their active participation in society and for an independent life continuing into old age. While acknowledging the existence of a wide range of educational and cultural programmes available for older persons, including in recreational and day-care centres, in the light of the intensity of ageing further measures are required to promote lifelong as well as intergenerational learning.

8. Care

118. The Independent Expert emphasizes that, taking into account their particular vulnerability, specific attention has to be paid to older persons in need of care, both in institutions and at home, and that there should be adequate numbers of skilled staff, appropriate training, quality assurance and monitoring.

119. Family carers require comprehensive assistance, including community support and professional assistance, such as counselling and advice, therapeutic day care and respite care services.

120. The Independent Expert indicates that the Residential Care Homes Act 2003 has been an important step towards regulating institutional care. Yet, while all care homes need to be registered with the Residential Care Homes Board, and even though the operator may face heavy fines and even imprisonment in case of non-compliance, there are a significant number of care homes operating illegally in Mauritius that evade monitoring and quality control.

121. The Independent Expert encourages the Government to review the system of inspection with a view to improving accountability through adequately trained inspectors and to establish a dedicated registration and inspection unit, answerable to the Residential Care Homes Board.

122. It is essential that geriatric medicine be recognized as a medical subspeciality and be integrated into university curricula to ensure that sufficient qualified specialists in geriatrics are available to meet the needs of an ageing society. Training in gerontology and geriatrics should also be provided to different categories of health personnel and community members. Moreover, geriatric wards should be established in all hospitals to ensure comprehensive, compassionate care that recognizes the

special needs of older persons with a view to optimizing their quality of life and functional ability.

123. The Independent Expert calls on the Government to extend the availability of palliative care beyond cancer and to ensure availability and accessibility of such care for all older persons in need, particularly those who suffer from a life-threatening or life-limiting illness to ensure their well-being and allow them a life with dignity.

124. The Independent Expert welcomes the announcement by the Government of its intention to set up dedicated counters at the level of primary health-care centres and hospitals to cater for the needs of older persons and persons with disabilities. She also welcomes the strategy enshrined in the National Human Rights Action Plan that seeks to create a pool of 3,000 carers for older persons and to provide basic training on home-based care. Training for informal carers should include training in caring as well as in protecting the carer's own physical and mental health. The Independent Expert calls on the Government to implement this strategy as a matter of priority.

125. The Independent Expert strongly encourages the Government to make dementia a public health priority and to develop a national plan of action for dementia with the collaboration of all stakeholders, taking into account the findings of the Observatory of Ageing regarding subsidized homes, private care homes, and the population at large's knowledge, attitude and care of dementia and Alzheimer's disease. There is a need, inter alia, to integrate dementia services at the primary health-care level, to further build the capacities of doctors, not only to diagnose and treat dementia, but also with regard to psychosocial interventions for dementia and provide training in dementia care. Activities in care homes also need to be improved and standardized to cater for the specific needs of persons suffering from dementia.

C. Recommendations to the international community

126. The international community has an important role to play in assisting and cooperating with the Government to fully implement the existing international instruments with regard to older persons, in tandem with non-governmental organizations and all civil society actors. A status determination of the challenges faced by Mauritius in ensuring the full enjoyment of all human rights by older persons could assist in identifying and evaluating good practices as well as gaps in the implementation of existing legislation. Increasing exchanges, awareness and active engagement contribute to enhancing mainstreaming of a human rights-based approach in government programmes.

127. The Independent Expert moreover recommends that the United Nations country team, in cooperation with the regional office of the Office of the United Nations High Commissioner for Human Rights, identify a common human rights focal point to assist in matters relating to the realization of all human rights by older persons to work in cooperation with international organizations, relevant regional human rights mechanisms, United Nations agencies, non-governmental organizations, civil society organizations, national institutions and academia to follow up and foster the implementation of measures contributing to the promotion and protection of the human rights of older persons.

D. Recommendations for businesses

128. The Independent Expert is concerned about direct and indirect discrimination against older persons, especially concerning old age in conjunction with other

characteristics, be they gender, impairment, African descent, belonging to an ethnic, religious or linguistic minority or any other distinction. The Independent Expert therefore wishes to remind businesses of their obligations to adhere to international standards preventing, inter alia, all forms of discrimination and to the Guiding Principles on Business and Human Rights,[24] which provide guidance on responsible contracting and State-investor contract negotiations. The Independent Expert also wishes to remind the Government of its primary obligation to respect, protect and fulfil human rights in the context of corporate activities undertaken by State-owned or private enterprises, and the need to adopt appropriate laws and regulations, together with monitoring, investigation and accountability procedures to set and enforce standards for the performance of corporations.

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[24] See the statement made by the Committee on Economic, Social and Cultural Rights on the obligations of States parties regarding the corporate sector and economic, social and cultural rights (E/2012/22, annex VI, sect. A).